



Submission to the Strategic Review of Health and Medical Research in Australia

Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Australian government for the opportunity to make a submission to the Strategic Review of Health and Medical Research in Australia.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

The RACGP's commitment to research as a core aspect of general practice is reflected in the Mission of the College, "to benefit our communities by ensuring high quality clinical practice, education and research for Australian General Practice and supporting our current and future members in their pursuit of clinical excellence." The RACGP promotes the development of competencies in research in all college members and specifically encourages new and emerging GP researchers. The RACGP, for example, includes research and critical thinking as a core competency for GPs and actively participates in research training workshops for registrars.

As general practitioners work within the primary care setting, this submission focuses on primary health care research. Primary healthcare research focuses on the prevention and early detection of disease, undifferentiated clinical presentations, chronic conditions, and multi-system co-morbidities which are less frequently encountered and managed in acute healthcare settings. Primary healthcare research also looks at the way primary healthcare services are organised and delivered to ensure they are both clinically sound and cost-effective. Traditionally, medical research has largely been hospital centred. However, the vast majority of illnesses are managed in primary health care settings. Research is essential to improving the quality of care for Australian patients and ensuring that primary health care provides a service that is both clinically and cost effective.

Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?

There are many reasons why it is in Australia's interest to have a viable, internationally competitive health and medical research sector.

In addition to return on investment, funding research can benefit the Australian community through improving quality of life, reducing health costs and increasing productivity. Funding medical research allows researchers in Australia to continue to make discoveries that will improve healthcare in the future, and respond to the unique needs of Australians.

As the bulk of health care occurs in the community, primary care research can have high leverage, and develop high quality, evidence based health care that translates into services that support patients in the Australian system. Efficient and effective primary care will produce a more affordable health care system. Studies of primary care both within (1) and across (2) countries suggest that stronger primary care leads to better health outcomes at a lower cost. General practice is the medical component of primary care. There are many reasons why general practice research is important (3):

Primary care is central to individual patient care:

- A delay in diagnosing symptoms leads to increased anxiety for patients and, potentially, the seriousness of the diagnosis.
- Decisions about hospitalisation or invasive treatment are significant and general practitioners play a pivotal role as gatekeepers to the acute sector. The absence of research evidence can lead to over-investigation, inappropriate treatment and diagnostic delay through inappropriate referrals.
- A decision about medication is significant and many patients take medication prescribed in primary care for the rest of their lives.

Primary care is central to the Australian health care system:

- General practitioners are the first point of contact for most patients. Over 83% of the Australian community visits a general practitioner each year (4).
- Most minor illnesses are treated exclusively in general practice.
- Most serious illnesses present in general practice before treatment in hospitals.
- Chronic illnesses, such as depression, asthma, hypertension and arthritis, are treated mainly in primary care.
- Most preventive health care takes place in primary care.

Decisions made in primary care need to be based on research evidence:

- It is essential that there is a knowledge base of clinical, managerial and policy decisions based on sound information from both research findings and scientific developments, which is disseminated and applied to practice. These findings need to be based on research done in the context of general practice, not just from secondary care.

Much of the evidence required by primary care providers can only be obtained by research in primary care involving general practitioners and their patients. While our knowledge base is informed by research in secondary care, primary care research is important as:

- It informs decisions that are only taken in primary care, for example early presentation, some chronic conditions.
- The intention is to apply research to primary care populations, where the research needs to take account of the multi-professional nature of general practice and the context of multiple morbidity.

The involvement of primary care staff in research is likely to increase the quality of clinical care in the sector:

- Practices benefit, for example, from the application of quality control protocols, the creation of a critically reflective culture, the faster dissemination and adoption of evidence.

Evidence based health care must cross professional and organisational boundaries and the general practice setting provides this opportunity:

- A key factor in the outcome of serious disease is the speed and route of referral from primary care.
- Continuing care for serious disease, after acute treatment is complete, is undertaken in primary care.
- Many treatments initiated in primary care have a major impact on people's lives. The cost to individuals and to society of poor treatment is high.

Research in the primary care setting is important for public health:

- This allows the opportunity to study individual health in its social and cultural context.

General practice research has international implications:

- General practice research has implications not only in Australia, but also poorer countries where the bulk of care is primary health care.

How might health and medical research be best managed and funded in Australia?

Between 2000 and 2008, only 1.9% of National Health and Medical Research Council (NHMRC) grants awarded were for primary care research (5). Of that, the majority (80%) was allocated to projects conducted by university departments of general practice and the remainder to medical research institutes (6). Therefore, only general practitioners associated with these research hubs are participating in primary healthcare research, while those general practitioners not associated with these research hubs generally do not have the appropriate resources to make a contribution.

General practitioners are well placed to lead primary healthcare research and service innovation. Despite this, general practice faces significant barriers to research participation due to a lack of time, training in research methods, clinical research career pathways, underdeveloped infrastructure, and inadequate project funding (7, 8). While the RACGP and other professional bodies are working to overcome some of these barriers in general practice (particularly through the provision of training in research methods and development of the appropriate career structures) there is a lack of government funding to support these activities and other capacity building initiatives.

Traditionally, medical research has largely been conducted in the hospital sector. However, as the vast majority of illnesses are now managed in primary healthcare settings (9) there is a need to diversify government investment to include greater scope for primary healthcare research (10, 11, 12, 13). Money spent on primary health care research has the greatest potential reach and population impact compared to other health sectors. A strong primary care research sector which links to practice based research networks provides increased opportunities for research findings to be translated into practice (14). Many important health-related research questions are unique to the general practice environment, due to its patient population of early and/or undifferentiated disease presentations and many co-

morbidities. These patients tend to be excluded from other research. Funding support of primary care generated research is therefore vital.

Small shifts in the balance of research funding will have a major impact in primary care. There is a serious mismatch between the financial and clinical importance of research funding. The majority of funding is currently directed to the acute sector, however this is the sector where fewer patients receive treatment (15).

Building research capacity

Anecdotal evidence suggests that only a small percentage of general practitioners are willing to participate in research. There is no secure career structure for budding researchers and limited incentives. The current capacity of primary care providers to undertake research necessary to establish and maintain a firm evidence base is limited.

Primary health care research requires infrastructure support to build its capacity to increase the evidence base for quality primary care in Australia. Much of the evidence GPs require can only be obtained from general practice research that involves GPs and patients. GPs are building the research evidence that is necessary to deliver the highest quality health outcomes to all Australians.

Many Australian university academic departments of general practice are struggling to support practice-based research networks that are necessary to support their research – the equivalents of basic science laboratories. Australia should take note of the UK success in supplying infrastructure support for such networks, to provide coordination staff and services such as biostatisticians to support primary care research, in particular to undertake randomised controlled trials in research questions of importance to provision of evidence-based primary health care.

More funding is required to build general practice research capacity through:

- Ongoing infrastructure support for GP-based research networks to function as the 'laboratories' for rigorous high quality GP research (16).
- Establishment of collaborative research networks and forums to increase GP research literacy. This can be achieved through discussion of problem cases, formulation of research questions, development of experimental designs, and facilitation and of the dissemination and uptake of research findings.

Funding for such initiatives could be through the existing Primary Healthcare Research, Evaluation and Development (PHCRED) Strategy and the NHMRC, which has been the main source of such funding (albeit a relatively small amount) in recent years.

Career support

More career support for academic GPs enabling them to become research leaders in their fields is required. Poor career structure, lack of employment security due to project based funding, and failure of grants to cover all costs associated with funding research positions are some of the issues faced by researchers. Opportunities for primary health care researchers to obtain fellowships are also limited. In 2011, PHCRED funded Career Development Fellowships (CDF) were administered by NHMRC but these have not been offered in 2012. In order to develop and maintain a strong primary health care research workforce there is a need to continue to fund fellowships either through a special scheme such as the PHCRED CDF in 2011. Primary health care research is usually published in lower ranked journals than other disciplines (17), however the funding system does not currently take this into account. The funding system must accommodate researchers from a broad range of disciplines, taking into account the differences in research output for primary care research as compared to basic sciences. In addition, the provision of more

professional development awards/programs for community based GPs would increase the capacity of non academic GPs to participate in research.

The RACGP Foundation supports new and emerging general practitioners to conduct research into primary health care, and general practice. In 2011, The RACGP Foundation invested just over \$100,000 in 24 research projects. In 2012, The Foundation has increased this figure to over \$500,000. Further support is still needed.

Peer review

The RACGP recognises that the peer review processes developed by the NHMRC offer opportunities to facilitate high quality research in Australia. As the primary care research sector is less developed compared with other areas of medical research, the peer review process of funding applications pertaining to primary care, public health and health services research should be reviewed by experts within the sector. This means a major effort should be made to ensure the input of primary care researchers into peer review of applications across the spectrum of clinical, public and health service topic areas relevant to the breadth of primary health care, as well as to the peer review of applications from primary care researchers.

What are the health and medical research strategic directions and priorities and how might we meet them?

General practice research within Australia is specific to the Australian health system and therefore applicable to the Australian primary care context. Health and medical research priorities should reflect the fact that the majority of healthcare takes place in the primary care system. Priorities for general practice research include:

- Recognition and clinical management of the early presentation of disease.
- Clinical management of established diseases treated predominantly in primary care.
- Clinical management of chronic conditions predominantly managed in primary care in the context of multiple morbidity.
- Assessment and clinical management of disease risk.
- The organisation and delivery of clinical services including the effective delivery of preventive health care, optimal uses of resources in the delivery of clinical services in the community, and management of chronic and complex conditions managed in primary care especially where there is a strong social care component.

These priorities can be met by increasing the capacity to conduct primary care research in Australia, which in turn will impact on the quality of primary care. Developing and investing in a career structure for academic general practitioners will build research capacity. Funding primary care research at a level that reflects the role of primary care in the health system will also build capacity. Ensuring research findings are effectively disseminated will ensure that investment in research is not wasted.

In addition, the RACGP supports research that makes a difference to health outcomes, policy and practice, and the capacity of general practice to engage with Aboriginal and Torres Strait Islander health issues. The RACGP particularly encourages strategic, policy driven research with a focus on primary healthcare. This research must:

- be culturally appropriate;
- involve Aboriginal and Torres Strait Islander people in design and implementation; and
- use collaborative approaches that build research capacity within Aboriginal and Torres Strait Islander communities (18).

Key areas of research focus are:

- Identification of Aboriginal and Torres Strait Islander status in general practices and how it can be improved. Identification allows health care providers to identify the target population for health care assessments and chronic care prevention and management. It is a necessary precondition for participating in the Closing the Gap initiative agreed by the Australian Government and the Council of Australian Governments in 2008.
- Research translation. How academic research can be converted into a meaningful and accessible form to enable health providers to deliver best practice health care to their Aboriginal and Torres Strait Islander patients. In particular this form of research could involve the development and testing of information, tools and resources (drawn from the research) that can be used by GPs and other primary health care professionals to improve health outcomes for Aboriginal and Torres Strait Islander patients.

How can we optimise translation of health and medical research into better health and wellbeing?

Timely translation of research findings into primary care is important. Research findings need to be directly applicable to general practice and applied into everyday practice. Secondary or tertiary care populations are different from primary care populations and research findings based on these populations may not be effective. In addition, we need to understand better how to systematically translate what we know into what we do, promoting both quality and efficiency. This is a space where general practice has a lot to offer (as well as much to learn) in terms of prevention, early diagnosis, management of acute and chronic disease and behavioural changes to address risky behaviour.

Primary care researchers should have input into knowledge translation activities, and interventions should be trialled in the primary care setting. Funding for research translation should be provided to support the implementation of interventions that have been found to be effective. This should include methods of dissemination across relevant primary health care providers to facilitate effective translation.

Medicare Locals and Practice Based Research Networks should also be involved in research translation, as they are well placed to facilitate translational research.

Skills in critical evaluation of research articles and training in translation into practice are also important, and should be included in undergraduate and postgraduate health professional education activities. This will ensure that health professionals using a new intervention are able to critically assess its value.

The acknowledgement of primary care research networks through funding and infrastructure support will invest in the translation of research evidence across the clinical spectrum.

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